

852747

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 0202	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 wks</u> IN ARIZONA <u>2 wks</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>California</u> B. COUNTY <u>Imperial</u>	
			C. CITY OR TOWN <u>Yuma</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS				C. CITY OR TOWN <u>Seeley</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 147 4 455			D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Yuma Gen Hosp.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Gen Delivery</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Clark Edward Mc Kay</u>		A. (FIRST) B. (MIDDLE) C. (LAST)		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
	6B. NAME OF SPOUSE <u>Kate Mc Kay</u>		7. DATE OF BIRTH MONTH <u>Jan</u> DAY <u>20</u> YEAR <u>1908</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>47</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Rancher</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Oklahoma</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
CAUSE OF DEATH 0 0 MEM 18)	14A. FATHER'S NAME <u>William Mc Kay</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Laura Adair</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
	16. INFORMANT'S SIGNATURE <u>Elmer Mc Kay</u>		ADDRESS <u>Yuma Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 17 1955</u>			
OPERATIONS, AUTOPSY 4	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FROM (A), (B), (C). <u>2.0.3X</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Multiple myeloma</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>			
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL RTIFICATION +	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>April 9</u> , 19 <u>55</u> , TO <u>April 17</u> , 19 <u>55</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>April 17</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>4:53 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <u>A. J. Podalsky</u> (DEGREE OR TITLE) <u>M.D.</u>		22B. ADDRESS <u>1601-5th Ave. Yuma Arizona</u>		22C. DATE SIGNED <u>4-19-55</u>			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S RTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Apr. 19, 1955</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Desert Lawn Memorial Park</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma, Yuma, Arizona</u>	
FUNERAL DIRECTOR AND REGISTRAR 2 314	26A. DATE REC. BY LOCAL REG. <u>4-19-1955</u>		26B. REGISTRAR'S SIGNATURE <u>Deputy</u> <u>Deanne K. Smith</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>O. Johnson</u> <u>pres</u>		27B. ADDRESS <u>P.O. Box 310</u> <u>Yuma</u>	